THIS FORM MUST BE TYPED, FILLED OUT COMPLETELY WITH ORIGINAL SIGNATURE(s) AND SUBMITTED WITH THE PLEADING(S) AT THE TIME OF FILING. The signature field must be signed by the person whose signature appears on the back of the credit card. A photocopy of both sides of the credit card MUST accompany this form. Photo identification will be requested from persons designated as authorized users.

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF NEW YORK

CREDIT CARD - ONE TIME/MAIL AUTHORIZATION FORM

Credit Cardholder Name:			
Card Type:	rd 🗖 Visa	☐ Discover ☐ Ameri ☐ DinersClub	can Express
Account No.:		mEx ID#:	Exp.Date:
Security Code:			
Billing Address:	E-mail address:		
	Phone #:		
Signature of CardHolder:			
☐ Copy of credit card (bo	th sides) attach	ed	
CHARGE INFORMATION	ŕ		
☐ Filing Fee (new case)	☐ Motion Fee	□Conversion Fee	☐ Search Fee
□Copies	☐ Certification	☐ Appeal	☐ Complaint
☐ File Retrieval from Archives		☐ Other	

Fees for the above pleadings will be charged in accordance with the current Bankruptcy Court Miscellaneous Fee Schedule.

All original authorizations forms will be stored in a secure location in the Buffalo office.